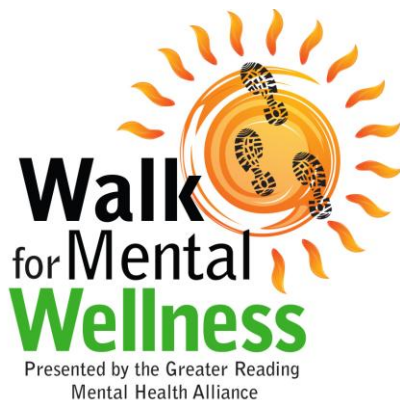


Walker Sponsor Form

Proceeds from the Walk for Mental Wellness will go to the Greater Reading Mental Health Alliance's Child Advocacy program to help eliminate the waiting list and get children the education they deserve. We ask that you raise a minimum of \$20 for our cause, thank you!



Participant's name: _____

Name of team (if applicable): _____

Sponsor's Name	Home address, City, State, Zip	Donation Amount	Paid
1 Your own donation			
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Total turned in today \$

Checks are preferred and should be made payable to The Greater Reading Mental Health Alliance.